

Disclosure of Business Owners, Partners, Officers and Members

Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
E-mail: DLI.License@state.mn.us
www.dli.mn.gov/ccld.asp

Date Received (DLI Office Use Only)

**This form must be completed for all
business types.**

PRINT IN INK OR TYPE

Minnesota Statutes § 270C.72, Tax Clearance; Issuance of Licenses, requires the Department of Labor and Industry to require contractor license applicants to provide their Minnesota Identification Number and the social security numbers of all individual owners, partners, officers, and members of the business entity. The Department of Revenue may order the Department to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. An individual's social security number is classified as private data and will only be supplied to the Minnesota Department of Revenue, which may supply this information to the Internal Revenue Service, or may occur as authorized or required by law. Failure to supply the required information may delay or prevent the Department from processing the original or renewal application.

If the business is an individual proprietor, partnership, corporation, foreign corporation or a limited liability company, the names, addresses, social security numbers, and signatures of all additional owners, partners, officers, or members, owning 10 percent or more of the company, must be completed on this form. Please copy this form if you need additional space.

LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)	LICENSE NUMBER
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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LIST ALL Owners, Officers, Partners, or Members

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO (mandatory)
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RESIDENTIAL ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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APPLICANT SIGNATURE	TITLE (owner, partner, officer or member, etc.)	DATE
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